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Editorial

The Coming of Age of Paediatric Respirology

Respiratory diseases constitute the commonest group of diseases that affect children leading to either clinic visits or hospitalisation. Hence, all paediatricians are well versed in this area. The question arises as to when general paediatrics ends and the sub-specialty of paediatric respirology begins. Obviously, the answers depend on the local resources, diseases pattern in the community and the training offered for general paediatrics in general and paediatric respirology in particular. With the rapid advance of medicine and the Hong Kong society becoming more sophisticated, it appeared to some paediatricians that the time had come to form a group that works to promote the standard of practice of paediatric respirology here in Hong Kong. The thought has turned to action and the Hong Kong Society of Paediatric Respirology (HKSPR) was inaugurated in 1997. Dr. So Kwan-tong was elected the founding President of the Society. Dr. Alfred Tam followed Dr. So and led the Society till 2005 when the author was elected.

In the last 10 years, paediatric respirology has been developing rapidly with most HA hospitals' paediatric departments having specialists devoted to this discipline. The private sector also accommodates paediatric specialists in this area. A few areas of paediatric respirology develops particularly well that deserve special mentions. Asthma management guideline was published by the HKSPR to help standardise the practice in Hong Kong. This guideline was adapted from international guideline so as to cater the special needs of Hong Kong children. Thanks to the colleagues working in this area, Hong Kong has contributed significantly to the global asthma research, including clinical, molecular and epidemiology areas. The second area is paediatric sleep medicine that was hardly heard of before 1980s in Hong Kong. Today, most public and private hospitals provide sleep laboratory service for children and a few hospitals are equipped with dedicated paediatric sleep laboratories. The research work done in this area put Hong Kong firmly in the map of international sleep medicine. The third area is the provision of flexible bronchoscopy service that allows ready diagnosis of diseases, like vallecula cyst, that are otherwise difficult to identify. Most HA hospitals now provide paediatric flexible bronchoscopy service undertaken by trained paediatricians. To help ensure training in flexible bronchoscopy to be more readily accessible, the HKSPR also organised the first animal workshop in

paediatric flexible bronchoscopy in 2005 that was well attended by colleagues from Hong Kong, Macau, Taiwan and mainland China.

The current issue of the Journal is dedicated to paediatric respirology and bears evidence of the diverse strength of this sub-specialty. Dr. SY Lam et al reported on the age of onset of asthma whilst the author's group reported the first pilot randomised controlled trial comparing oral montelukast and budesonide dry powder inhaler in children. Dr. CW Chan et al reported the prevalence of respiratory syncytial virus (RSV) and influenza viruse infections in children hospitalised for respiratory diseases. This paper highlights the burden of RSV and influenza viruses on the community. At times, viral infection leads to chronic lung injury as shown by Dr. SC Sit et al who reported three children with Sweyer-James/Macleod syndrome. Asthma and respiratory infection often lead to chronic cough. Dr. YT Chan et al reported the prevalence of chronic cough among children referred to the paediatric specialist clinics in their hospital and confirmed that indeed allergy, i.e. asthma and allergic rhinitis, is the leading cause of chronic cough in children followed by post-viral airway hyper-responsiveness. Excellent reviews are presented by Dr. TF Leung et al on non-invasive monitoring of asthmatic airway, Dr. TK Wong on polysomnography in

children, Dr. PY Chow on childhood parasomnias.

Respiratory insufficiency is often a reason for admission to Paediatric Intensive Care Unit (PICU) and respiratory support is often required for children with other systems failure. Hence, it comes as no surprise that paediatric respirologists often work in PICU as well in Hong Kong and there is a strong interest in critical care within HKSPR. Ventilator therapy is sometimes associated with complications like pneumonia. Dr. WT Ko's review on management of ventilator-associated pneumonia addresses this not uncommon condition. A case report about life-threatening bilateral pneumothorax by Dr. YW Hui et al illustrate the aforementioned point about respirology and critical care vividly.

The future development of paediatric respirology depends on a close collaboration between the various stakeholders, i.e. the College, the HKSPR and the individual paediatric respirologists. With appropriate support and a bit of luck, this subspecialty has a good chance to be among the best services in the global village.

DKK Ng
Guest Editor